

Bureau of Health Care Quality and Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS88AGZ	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 03/14/2011
NAME OF PROVIDER OR SUPPLIER ROYAL HAVEN		STREET ADDRESS, CITY, STATE, ZIP CODE 1913 COLLINS AVENUE LAS VEGAS, NV 89106		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Y 000	<p>Initial Comments</p> <p>The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws.</p> <p>This Statement of Deficiencies was generated as a result of an annual State Licensure survey conducted in your facility from 12/22/10 through 3/14/11. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division.</p> <p>The facility is licensed for six (6) Residential Facility for Group beds which provide care to persons with Alzheimer's disease, Category II residents. The census at the time of the survey was three (3). Three (3) resident files were reviewed and four (4) employee files were reviewed. One discharged resident file was reviewed.</p> <p>The facility received a grade of D.</p> <p>The following deficiencies were identified:</p>	Y 000		
Y 050	<p>449.194(1) Administrator's Responsibilities-Oversight</p> <p>NAC 449.194 The administrator of a residential facility shall: 1. Provide oversight and direction for the members of the staff of the facility as necessary to ensure that residents receive needed services</p>	Y 050		

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TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Y 050	<p>Continued From page 1</p> <p>and protective supervision and that the facility is in compliance with the requirements of NAC 449.156 to 449.2766, inclusive, and chapter 449 of NRS.</p> <p>This Regulation is not met as evidenced by: NAC 449.27704 Placard: Issuance and display; failure to comply. (NRS 449.037)</p> <ol style="list-style-type: none"> 1. After the Bureau assigns a grade to a residential facility pursuant to NAC 449.27702, the Bureau shall issue a placard to the residential facility. 2. The administrator shall, within 24 hours after receipt of the placard, display or cause the placard to be displayed conspicuously in a public area of the residential facility. 3. If the placard is not displayed in accordance with the provisions of subsection 2, the Bureau will assess against the residential facility a deficiency with a severity and scope score equal to the highest severity and scope score indicated in the most recent survey of the facility conducted by the Bureau. (Added to NAC by Bd. of Health by R122-05, eff. 11-17-2005). <p>Based on observation from 12/22/10 through 2/17/11, the administrator failed to ensure the grading placard was displayed conspicuously in a public (the facility failed to have a grade posted, Administrator stated the facility lost the grading placard).</p> <p>Severity: 2 Scope: 3</p>	Y 050			

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Y 070 SS=E	<p>449.196(1)(f) Qualifications of Caregiver-8 hours training</p> <p>NAC 449.196 1. A caregiver of a residential facility must: (f) Receive annually not less than 8 hours of training related to providing for the needs of the residents of a residential facility.</p> <p>This STANDARD is not met as evidenced by: Based on record review on 12/22/10, the facility failed to ensure that 1 of 3 employees received eight hours of annual training (Employee #1).</p> <p>Severity: 2 Scope: 2</p>	Y 070			
Y 103 SS=F	<p>449.200(1)(d) Personnel File - NAC 441A / Tuberculosis</p> <p>NAC 449.200 1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include: (d) The health certificates required pursuant to chapter 441A of NAC for the employee.</p> <p>This Regulation is not met as evidenced by: Based on record review from 12/22/10 through 12/23/10, the facility failed to ensure 3 of 3 employees complied with NAC 441A.375 regarding tuberculosis (TB) testing and pre-employment physical for the protection of all</p>	Y 103			

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Y 103	Continued From page 3 residents (Employee #1, and #3 - missing 2-step TB test. Employee #1 and #2 missing pre-employment physical). Severity: 2 Scope: 3	Y 103			
Y 105 SS=F	449.200(1)(f) Personnel File - Background Check NAC 449.200 1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include: (f) Evidence of compliance with NRS 449.176 to 449.185, inclusive. This Regulation is not met as evidenced by: Based on record review from 12/22/10 through 12/23/10, the facility failed to ensure 2 of 3 employees met background check requirements of NRS 449.176 to 449.188 (Employee #1 missing criminal history statement, fingerprints, State and FBI background check results. Employee #2 missing FBI background check results). Severity: 2 Scope: 3	Y 105			
Y 106 SS=E	449.200(2)(a) Personnel File - 1st aid & CPR NAC 449.200 2. The personnel file for a caregiver of a	Y 106			

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Y 106	Continued From page 4 residential facility must include, in addition to the information required pursuant to subsection 1, (a) A certificate stating that the caregiver is currently certified to perform first aid and cardiopulmonary resuscitation. This Regulation is not met as evidenced by: Based on record review from 12/22/10 through 12/23/10, the facility failed to ensure that 1 of 3 employees were trained in first aid and cardiopulmonary resuscitation (Employee #1). Severity: 2 Scope: 2	Y 106			
Y 181 SS=F	449.209(8) Health and Sanitation-Temperature NAC 449.209 8. The temperature of the facility must be maintained at a level that is not less than 68 degrees Fahrenheit and not more than 82 degrees Fahrenheit. This Regulation is not met as evidenced by: Based on observation and interview on 12/22/10, the interior temperature of the facility was 67 degrees and the house was not maintained at the minimum temperature of 68 degrees for 3 of 3 residents (Resident #1, #2, and #3). Severity: 2 Scope: 3	Y 181			

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Y 356	Continued From page 5	Y 356			
Y 356 SS=F	<p>449.222(6) Bathrooms and Toilet Facilities</p> <p>NAC 449.222</p> <p>6. Bathroom doors that are equipped with locks must open with a single motion from the inside without the use of a key. If a key is required to open a lock from outside the bathroom, the key must be readily available at all times.</p> <p>This Regulation is not met as evidenced by: Based on observation on 12/22/10 and 12/23/10, the facility failed to ensure the locks on 2 of 3 bathroom doors could be opened with a single motion (Bathroom #1 and #2).</p> <p>Severity: 2 Scope: 3</p>	Y 356			
Y 920 SS=F	<p>449.2748(1) Medication Storage</p> <p>NAC 449.2748</p> <p>1. Medication, including, without limitation, any over-the-counter medication, stored at a residential facility must be stored in a locked area that is cool and dry. The caregivers employed by the facility shall ensure that any medication or medical or diagnostic equipment that may be misused or appropriated by a resident or any other unauthorized person is protected. Medication for external use only must be kept in a locked area separate from other medications. A resident who is capable of administering medication to himself without supervision may keep his</p>	Y 920			

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Y 920	Continued From page 6 medication in his room if the medication is kept in a locked container for which the facility has been provided a key. This Regulation is not met as evidenced by: Based on observation on 12/22/10, the facility did not ensure the location where medications for 3 of 3 residents were stored remained locked when not being used by the caregiver (Resident #1, #2, and #3). Severity: 2 Scope: 3	Y 920			
Y 930 SS=C	449.2749(1)(a) Resident File-Storage, Res Information NAC 449.2749 1. A separate file must be maintained for each resident of a residential facility and retained for at least 5 years after he permanently leaves the facility. The file must be kept locked in a place that is resistant to fire and is protected against unauthorized use. The file must contain all records, letters, assessments, medical information and any other information related to the resident, including without limitation: (a) The full name, address, date of birth and social security number of the resident. This Regulation is not met as evidenced by: Based on observation on 12/22/10, the facility failed to ensure the files for 3 of 3 residents were kept in a locked place.	Y 930			

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Y 930	Continued From page 7	Y 930			
	Severity: 1 Scope: 3				
Y 991 SS=F	449.2756(1)(b) Alzheimer's Fac door alarm NAC 449.2756 1. The administrator of a residential facility which provides care to persons with Alzheimer's disease shall ensure that: (b) Operational alarms, buzzers, horns or other audible devices which are activated when a door is opened are installed on all doors that may be used to exit the facility. This Regulation is not met as evidenced by: This Regulation is not met as evidenced (by: Based on observation and interview on 12/22/10 and 12/23/10, the facility failed to ensure 2 of 3 doors used to exit the facility, had operational alarms, buzzers, horns or other audible devices that were activated when the door was opened (Alarms were not installed on the sliding door in the living room and the sliding door in the dining room). Severity: 2 Scope: 3	Y 991			
Y 994 SS=F	449.2756(1)(e) Alzheimer's facility - Dangerous items NAC 449.2756 1. The administrator of a residential facility which provides care to persons with Alzheimer's	Y 994			

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Y 994	Continued From page 8 disease shall ensure that: (e) Knives, matches, firearms, tools and other items that could constitute a danger to the residents of the facility are inaccessible to the residents. This Regulation is not met as evidenced by: Based on observation on 12/22/10 and 12/23/10, the facility failed to ensure dangerous items were kept inaccessible to 3 of 3 residents (Knives under the kitchen counter unsecured. The caregiver reported residents were not allowed in the kitchen, however there was an entrance to the kitchen from the dining room/family room area that was not secured or provided a door. Razors in a plastic bag in an unlocked drawer in Bathroom #1). Severity: 2 Scope: 3	Y 994			
Y 999 SS=F	449.2754(1)(g) Alzheimer's Facility-Toxic substances NAC 449.2756 1. The administrator of a residential facility which provides care to persons with Alzheimer's disease shall ensure that: (g) All toxic substances are not accessible to the residents of the facility. This Regulation is not met as evidenced by: Based on observation on 12/23/10, the facility	Y 999			

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Y 999	Continued From page 9 failed to ensure toxic substances were inaccessible to 3 of 3 residents (Scope mouthwash in Bathroom #1 was located in an unlocked drawer. Scope mouthwash in Bathroom #2 was located in an unlocked cabinet under the sink. Comet, Ajax, two dishwashing liquid bottles and Clorox kitchen spray was located in an unlocked cabinet under the kitchen sink). Severity: 2 Scope: 3	Y 999			

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